

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. ¹⁸⁷ 246

Registered No. 246

1. PLACE OF BIRTH

County Gila

State Arizona

District or Township

or Village

City Miami

No. Porto Pico Hill

St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maximina Aguilera

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth

Month Day Year

Female

5. No., in order of birth

yes

May 29-1928

8. FATHER

Full name

Feleciano Aguilera

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami

Arizona

10. Color or race

Mex.

11. Age at last birthday 40 (Years)

12. Birthplace (city or place)

(State or country)

Jalisco
Mex

13. Occupation

Nature of industry

Miner

14. MOTHER

Full maiden name

Genovive Marquez

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami

Arizona

16. Color or race

Mex.

17. Age at last birthday 33 (Years)

18. Birthplace (city or place)

(State or country)

Jalisco
Mex

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child).

(a) Born alive and now living 6

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum.

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 9:45 P. m. on the date above stated.

(Born alive or stillborn)

Signature

Cyril M. Brown M.D.
Physician

(Physician or midwife).

Address

Miami, Arizona

Given name added from
a supplemental report

Month, day, year

Filed

June 11, 28

Registrar.

Registrar.

411-5291-749